| STATE OF CALIFORNIA – OFFICE OF MASTER AGREEMENT GSOP 191-2 (REV 10/99)  |                        |    |        |         | CT NUMBER |                                  |  | AGE OF PAGES  OF |               |             |                     |  |
|--|------------------------|----|--------|---------|-----------|----------------------------------|--|------------------|---------------|-------------|---------------------|--|
| S S  | В                      |    |        |         |           | DATE (MONTH, DAY, YEAR)          |  |                  |               |             |                     |  |
| H<br>I   | I<br>L                 | •  |        |         |           | / /                              |  |                  |               |             |                     |  |
| P  |                        |    | L      |         |           |                                  | AGENCY ORDER NUMBER AMEND                        |                  |               | NDMENT No.  |                     |  |
| T ROOM NUMBER: T ROOM NUMBER: O SITE CONTACT: O AGENCY CONTACT:  |                        |    |        |         |           |                                  | VENDOD. Two Names MICT De Crony Ov Lyroge        |                  |               |             |                     |  |
| > PHONE: > PHONE:  |                        |    |        |         |           |                                  | VENDOR: THIS NUMBER MUST BE SHOWN ON INVOICE     |                  |               |             |                     |  |
| TO<br>FIRM   |                        |    |        |         |           |                                  | DATE WANTED                                      |                  |               |             |                     |  |
| ADDRESS  |                        |    |        |         |           |                                  | FACILITIES READINESS DATE                        |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  | INSTALLATION DATE INSTALLATION/RECONNECTION DATE |                  |               |             |                     |  |
| VENDOR NUMBER (PROCUREMENT DIV)  VENDOR'S TAXPAYER I.D. NUMBER (FEIN)  |                        |    |        |         |           |                                  | ORDER TERMINATION DATE                           |                  |               |             |                     |  |
| RENTAL   MAINT.   CO-TERMINOUS   UPGRADE   RENEWAL   REVISION   RELOCATION   AD  |                        |    |        |         |           |                                  | ITSC I.D. NUMBER                                 |                  |               |             |                     |  |
| In accordance with the provisions, terms and conditions set forth in the Master Agreement the equipment and/or service be rented/maintained for the CONTRACT PERIOD FROM TO  |                        |    |        |         |           |                                  | ow are to  | F.O.B.(Sha       | ll be Destina | ation unles | ss noted otherwise) |  |
| QTY. MODEL   |                        |    |        |         |           | PER UN                           | IIT \$ and                                       |                  |               |             | MONTHLY             |  |
| NUMBER   |                        |    |        |         |           | WAINTE                           | RENI EXIEN                                       |                  |               | EXTENSION   |                     |  |
|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
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|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
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|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  |  | SUBT             | ГОТАL         |             |                     |  |
| (LIST ONE-TIME CHARGES HERE)   |                        |    |        |         |           | COST                             | X  | _MONTHS          |               | AYS         |                     |  |
|  |                        |    |        |         |           |                                  | = TOTAL RENTAL CHARGES ONE TIME CHARGES          |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  |  | TAXABLE TOTAL    |               |             |                     |  |
|  |                        |    |        |         |           |                                  | TAX ( %)   |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  | NON-TAXABLE AMOUNT                               |                  |               |             |                     |  |
| AGENCY USE   |                        |    |        |         |           | 1                                | MAINTENANCE (IF NOT INCLUDED)                    |                  |               |             |                     |  |
|  |                        |    |        |         |           | GRAND TOTAL \$                   |  |                  |               |             |                     |  |
|  |                        |    |        |         |           | AME                              | AMENDMENT AMOUNT \$                              |                  |               |             |                     |  |
| DO NOT WRITE IN THIS SPACE APPROPRIATION   |                        |    |        |         |           | OLD TOTAL \$ LINE ITEM ALLOTMENT |  |                  |               |             |                     |  |
|  | APPROPRIATION FUNCTION |    |        |         |           | FUND                             |  |                  |               |             |                     |  |
|  | FISCAL YEAR            | ST | ATUTES | TUTES I |           | CHAI                             | TER  | ENCUMBI          | RANCE         | UNENCU      | MB. BALANCE         |  |
|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
|  |                        |    |        |         |           | +                                |  |                  |               |             |                     |  |
|  |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
| I hereby certify upon my personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.  T.B.A NU  |                        |    |        |         |           |                                  | JMBER B.R. NUMBER                                |                  |               |             |                     |  |
| SIGNATURE  | Æ                      | ·  |        |         |           |                                  |  |                  |               |             |                     |  |
| CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER or DESIGNEE 1 HEREBY CERTIFY, On my own personal knowledge that this order for the purchase of the items specified above is issued in full complance and accordance with the procedure prescribed by law governing the purchase of such items. |                        |    |        |         |           |                                  |  |                  |               |             |                     |  |
| > SIGNATURE  |                        |    |        |         |           |                                  | Æ  |                  |               |             |                     |  |